

Substituted for form 1449/PTO <h1 style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p style="text-align: center;"><i>(Use as many sheets as necessary)</i></p>				<p style="text-align: right;">Complete if Known</p>	
				Application Number	10/685,867-Conf. #6650
				Filing Date	October 14, 2003
				First Named Inventor	Horst Haussecker
				Art Unit	2624
				Examiner Name	B. Q. Le
Sheet	1	of	2	Attorney Docket Number	21058/1206449-US1

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER Initial (if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * CITE No. Those application(s) which are marked with an single asterisk (*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(ii)) because that application was filed after year 2000, 2003 or is available in the IFW. Applicant's unique citation designation number (optional). See Kinds/Code of USPTO Patent Documents at www.uspto.gov or MPEP 901.6. * Enter Office that issued the application. * Enter the date of the first publication of the application. * Enter the date of the year of the Wipo of the Espers' number. * Enter the number of the patent document. * Kind of document by the appropriate symbols as indicated on the document under WIPO Standard St. If possible. * Applicant is to place a check mark here if English language Translation is attached.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO			Complete If Known Application Number 10/685,867-Conf. #6650 Filing Date October 14, 2003 First Named Inventor Horst Haussecker Art Unit 2624 Examiner Name B. Q. Le Attorney Docket Number 21058/1206449-US1	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				
Sheet	2	of	2	

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.